

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/611,856 (Reissue)
	Filing Date	July 7, 2000
	First Named Inventor	RIZZO
	Art Unit	2172
	Examiner Name	Shah, Hanjiv
	Attorney Docket Number	DRIZZO 3.0-001 RE

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number



OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name	David Rizzo		
Signature			
Date	8-13-03	Telephone	516-677-6285

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/611,856 (Reissue)
	Filing Date	July 7, 2000
	First Named Inventor	RIZZO
	Art Unit	2172
	Examiner Name	Shah, Hanjiv
	Attorney Docket Number	DRIZZO 3.0-001 RE

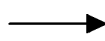
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number



OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name

Michael J. Custode

Signature

Date

8/18/03

Telephone

973-403-0450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒
*Total of 2 forms are submitted.